APEX

RECEIVED
OCT 05 2011
DEQ-NRO

October 5, 2011

Mr. Douglas Frasier
Virginia Department of Environmental Quality
Northern Regional Office
13901 Crown Court
Woodbridge, Virginia 22193

Subject: **NPDES Permit Application**
Flying J Travel Plaza #749
24279 Rogers Clark Boulevard
Carmel Church, VA 22546

Dear Mr. Frasier:

Please find enclosed the National Pollutant Discharge Elimination System (NPDES) Permit application package for the Flying J Travel Plaza #749. This permit package was prepared by Apex Companies, LLC, at the request of Pilot Travel Centers, LLC. The attachments to this package include EPA Form 1 General Information (Attachment I); EPA Form 2F (Attachment II); a site map of the facility showing pertinent features including the oil/water separator, outfall, and drainage areas (Attachment III); and laboratory certificate of analysis and chain of custody documentation (Attachment IV).

If you have any questions or need additional information, please feel free to contact me at (804) 897-2718.

Sincerely,

Christopher L. Cheatham. PE
Program Manager

cc: Keith Carlton
Pilot Travel Centers, LLC

Attachments

ATTACHMENT I

EPA Form 1

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D
1	2 — 13	14	15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

VA DEPARTMENT OF ENVIRONMENTAL QUALITY NORTHERN OCT 05 2011 REGIONAL OFFICE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 | SKIP | Flying J Travel Plaza #749

15 | 16 – 29 | 30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Carlton, Keith, Environmental Project Manager	(865) 588-7488
15 | 16 — 45	46 — 48 | 49 — 51 | 52- — 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 24279 Rogers Clark Blvd

15 | 16 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Carmel Church	VA	22564
15 | 16 — 40	41 — 42	47 — 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 24279 Rogers Clark Blvd

15 | 16 — 45

B. COUNTY NAME

Caroline County

46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Carmel Church	VA	22546	
15 | 16 — 40	41 — 42	47 — 51	52 — 54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 5541 (specify) Gasoline Service Station/Truck Stop	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: Pilot Travel Centers, LLC

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: A (865) 588-7488

E. STREET OR P.O. BOX: 5508 Lonas Road

F. CITY OR TOWN: Knoxville

G. STATE: TN

H. ZIP CODE: 37939

IX. INDIAN LAND: Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N	9 P
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U	9 (specify)
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Auto/truckstop retail sale of gasoline and diesel fuel.
Travel store and restaurant.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Carlton, Keith Environmental Project Manager	Keith Carlton	10-4-11

COMMENTS FOR OFFICIAL USE ONLY

C

ATTACHMENT II

EPA Form 2F

RECEIVED
OCT 05 2011
DEQ-NRO

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM 2F NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
001	37	55	57.45	77	28	25.89	Detention basin #2 which discharges to an unnamed
							intermittent stream that ultimately discharges to
							the North Anna River.

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
NA					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

 Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
001	22,550 sq. feet	22,550 sq. feet			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Diesel fuel and gasoline are stored onsite in underground stoage tanks. A concrete berm separates the diesel fuel UST area from the gasoline UST area. Runoff at the diesel fueling truck island drains into trench drains along the islands. A catch basin is also located in the diesel fuel UST basin unloading area. The diesel fuel island trench drains and diesel fuel UST catch basin connect into a grit chamber. The grit chamber connects into an oil/water separator before being discharged to a catch basin in the stormwater sewer system. The gasoline automobile fueling islands and the RV fueling island drain into trench drains along each fueling island. The gasoline automobile and RV trench drains as well as the gasoline UST area catch basin bypass the grit chamber and oil/water separator and intercept the discharge pipe from the oil/water separator prior to the catch basin. The catch basin discharges into stormwater detention basin #2 which discharges to an unnamed intermittent stream that ultimately discharges to the North Anna River.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	Grit chamber Oil/water separator Stormwater detention basin	1-M 1-Q 1-U

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed
Cupp, Joey ~~Carlton, Keith,~~ Env. ~~Proj.~~ Manger		5-4-12

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual inspection on September 6, 2011. The inlet and outlet from the oil/water separator was observed during the test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

There have been no significant leaks or spills that were not contained by secondary containment structures in the last three years.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	22,550 sq. feet	22,550 sq. feet			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Diesel fuel and gasoline are stored onsite in underground storage tanks. Runoff at the diesel, gasoline and RV fueling islands drain into trench drains along each fueling island. The trench drains connect into an oil/water separator before being discharged to a cath basin in the stormwater sewer system. The catch basin discharges into stormwater detention basin #2 which discharges to an unnamed intermittent stream that ultimately discharges to the North Anna River.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	Oil/water separator with belt skimmer system.	1-U

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Carlton, Keith, Env. Proj. Manger	Keith Carlton	10-4-11

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual inspection on September 6, 2011. The inlet and outlet from the oil/water separator was observed during the test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

There have been no significant leaks or spills that were not contained by secondary containment structures in the last three years.

Continue on Page 3

EPA ID Number *(copy from Item 1 of Form 1)*

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Air, Water, & Soil Laboratories, Inc.	2109A North Hamilton Street Richmond, VA 23230	(804) 358-8295	TPH DRO TPH GRO

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
Carlton, Keith, Environmental Project Manager	(865) 588-7488
C. Signature: Keith Carlton	D. Date Signed: 10-4-11

EPA ID Number (*copy from Item 1 of Form 1*)

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	NA	N/A				
Biological Oxygen Demand (BOD5)	NA					
Chemical Oxygen Demand (COD)	NA					
Total Suspended Solids (TSS)	NA					
Total Nitrogen	NA					
Total Phosphorus	NA					
pH	Minimum 8.00	Maximum 8.00	Minimum	Maximum		

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
TPH DRO	13.1 mg/L					Truck/RV Fueling
TPH GRO	1.6 mg/L					Automobile Fueling

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
8/3/2011	120	0.67	214	10.5 gallons/minute	Approximately 1,260 gallons

7. Provide a description of the method of flow measurement or estimate.

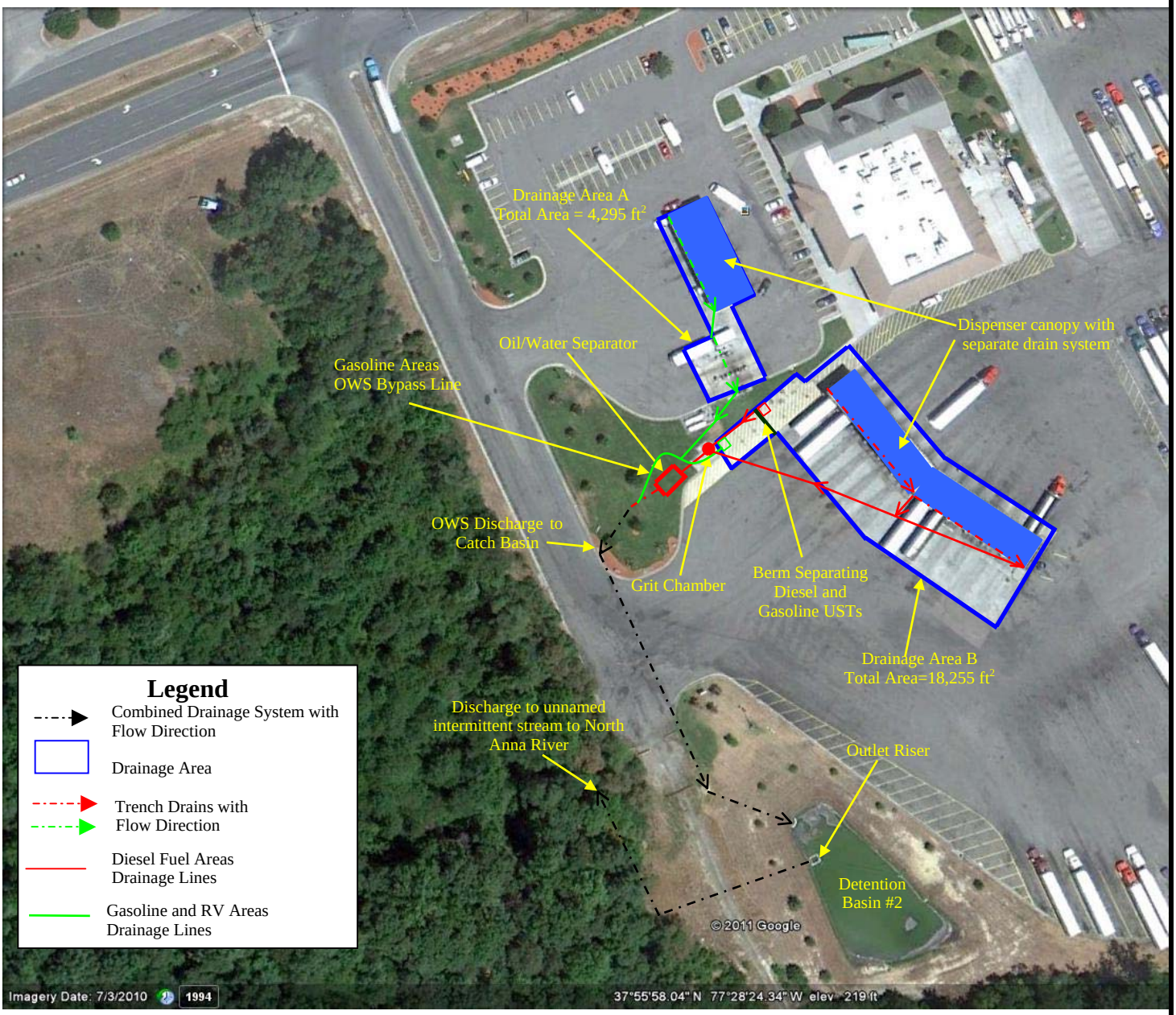
Used a bucket and stop watch method at the OWS discharge pipe in the catch basin to measure flow.
-Sample collected within the first 30 minutes of rainfall at a flow rate of approximately 2 gallons/minute

ATTACHMENT III

Site Drainage Map

Site Drainage Map

Flying J #749
24279 Rogers Clark Boulevard
Ruther Glen, Virginia



APEX COMPANIES, LLC.
203 WYLDEROSE COURT
MIDLOTHIAN, VIRGINIA 23113
(804) 897-2718

Ruther Glen, Virginia

Image Source: Google Earth Images
Date: 7/3/2010

Project: Flying J #749

Client: Pilot Travel Centers, LLC

Apex Job #: 768490.001

Date: April 2012

ATTACHMENT IV

Laboratory Certificate of Analysis and
Chain-of-Custody Documentation

AIR WATER & SOIL LABORATORIES, INC.®
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 11080063

Client Name:	APEX Companies, LLC. 203 Wylderose Court Midlothian, VA 23113	Date Received: Date Issued:	August 04, 2011 August 11, 2011
Submitted To:	Chris Cheatham	Project Number:	768490.001
Client Site I.D.:	Flying J #749	Purchase Order	NA

Sample Summary List

Laboratory Sample ID	Sample ID	Sample Date	Receive Date
11080063-001	8311001-1 / OWS Effluent	08/03/2011	08/04/2011

On August 04, 2011, one water sample were received via hand delivery for analysis in accordance with the attached Chain-Of-Custody. The sample was received with sample containers intact by Jessica Reich (AWS). Any deviations, discrepancies or irregularities observed in sample condition, including holding times, temperature, containers or preservatives have been notated on the chain-of-custody.

The sample was prepared and analyzed in accordance with SW-846 methodology.

Ted Soyars
Laboratory Manager

End Notes:

The test results listed in this report relate only to the samples submitted to the laboratory and as received by the Laboratory.

Unless otherwise noted, the test results for solid materials are calculated on a dry weight basis. Analyses for pH, dissolved oxygen, temperature, residual chlorine and sulfite that are performed in the laboratory do not meet NELAC requirements due to extremely short holding times. These analyses should be performed in the field. The results of field analyses performed by the Sampler included in the Certificate of Analysis are done so at the client's request and are not included in the laboratory's fields of certification nor have they been audited for adherence to a reference method or procedure.

The signature on the final report certifies that these results conform to all applicable NELAC standards unless otherwise specified. For a complete list of the Laboratory's NELAC certified parameters please contact customer service.

This report shall not be reproduced except in full without the expressed and written approval of an authorized representative of Air Water & Soil Laboratories, Inc.

ACCREDITED IN ACCORDANCE WITH nelac
Commonwealth of Virginia
Accreditation # 460021

AIR WATER & SOIL LABORATORIES, INC.®
2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

Certificate of Analysis

Final Report

Laboratory Order ID 11080063

Client Name: APEX Companies, LLC.
203 Wylderose Court
Midlothian, VA 23113

Date Received: August 04, 2011
Date Issued: August 11, 2011

Submitted To: Chris Cheatham

Project Number: 768490.001

Client Site I.D.: Flying J #749

Purchase Order NA

Analytical Results

Sample I.D.: 8311001-1 / OWS Effluent
Date/Time Sampled: 08/03/11 16:05

Laboratory Sample I.D.: 11080063-001

Parameter	Method	Sample Results	Qual	Rep Limi	Samp Prep Date/Time	Analysis Date/Time	Analyst
TPH-Volatiles (GRO)	SW8015C	1.6 mg/L		0.5	08/05/2011 17:08	08/05/2011 17:08	AJR
TPH-Semi-Volatiles (DRO)	SW8015C	13.1 mg/L		0.5	08/08/2011 10:40	08/09/2011 13:26	JHV

Sample Comments:

Parameter	Method	QCBatchID	Qualifier	%R (Limits)	Comments
2,5-Dibromotoluene (FID-GRO)	SW8015C	QC110808017	S	766 (80-120)	Matrix interference

Summary of Analytical QC Batches

QC Batch ID	Method	Sample List
QC110808017	SW8015C	11080063-001
QC110810003	SW8015C	11080063-001

Qualifier Definations

Qualifier	Description
S	Surrogate recovery is outside of established acceptance limits

ACCREDITED IN ACCORDANCE WITH nelac Commonwealth of Virginia Accreditation # 460021

081120111309

Apex Companies, LLC
203 Wylderose Court
Richmond, VA 23113
(804) 897-2718

CHAIN OF CUSTODY RECORD

JOB NO.	JOB NAME	PROJECT MANAGER
768490.001	Flying J #749	Chris Cheatham

SAMPLER(S): (Signature(s)) — (Printed) Todd Reyher

PARAMETERS: NO. OF CONTAINERS; TPH DRO 8015B; TPH GRO 8015B

TURN-AROUND TIME: STD

SAMPLE ID	DATE	TIME	COMP.	GRAB	MATRIX	PRES.	STATION / LOCATION	NO. OF CONTAINERS	TPH DRO 8015B	TPH GRO 8015B	REMARKS
831001-1	8/3/11	16:05		X	W	4°C/HCl	OVS Effluent	4	X	X	
							TOTALS	4			

APEX-Richmor 11080063
Flying J #749
DUE: 5 Days
Recd: 08/04/11

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
① Todd Reyher	8/3/2011 16:50	② Jessica L Reich	③	8/3/11 16:50	④
(Printed) Todd Reyher		(Printed) Jessica L Reich	(Printed)		(Printed)
Relinquished by: (Signature) ⑤	Date/Time	Received by: (Signature) ⑥	Remarks: onice		COOLER D.O.C. TEMP
(Printed)		(Printed)			

Distribution: WHITE => original (accompanies samples; returned with results) : YELLOW => laboratory copy : PINK => sampler's copy

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.

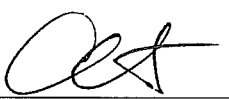
Agent/Department to be billed: Apex Companies, LLC (Agent)

Owner: Pilot Travel Centers, LLC

Applicant's Address: 203 Wylderose Court

Midlothian, VA 23113

Agent's Telephone Number: 804-897-2718

Authorizing Agent: 

Signature

VPDES Permit No. VA0092657
Flying J Travel Plaza #749

Please return to:

Douglas Frasier
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703) 583-3821